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[Signature]

Practitioner's Docket No. KLR: 7146.017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Gillihan, Thomas

Group Art Unit: 2722

Serial No.: 09/128,580

Examiner: Popovici, D.

Filed : 08/04/98

Title : PRINTER CONTROLLER FOR ERROR RECOVERY WITH MULTIPLE LANGUAGE CAPABILITY

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May 16, 2000

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Assistant Commissioner for Patents
Washington, DC 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the above captioned application.

STATUS

2. Applicant is:

☐ a small entity. A statement:

☐ is attached

☐ was already filed.

☒ other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

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- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. § 1.136(a)
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:)

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$110.00	\$ 55.00
<input type="checkbox"/>	two months	\$380.00	\$ 190.00
<input checked="" type="checkbox"/>	three months	\$870.00	\$ 435.00
<input type="checkbox"/>	four months	\$1,360.00	\$ 680.00

FEE: \$870.00

If an additional extension of time is required, please consider this a petition therefor.

- ☐ An extension for __ months has already been secured and the fee paid therefor of \$__
is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$0.00

or

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional
petition is being made to provide for the possibility that applicant has inadvertently
overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b) -(d) has been calculated as shown below:

Claims remaining after amendment		Highest No. previously paid for		Present extra	Rate		Additional Fee
					Small entity	Other than a small entity	
Total	minus	20	* =	0	\$9	\$18	\$0
Indep	minus	3	** =	0	\$39	\$78	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim					\$130	\$280	\$0

*If the highest number of claims previously paid for is less than 20; enter 20.

**If the highest number of independent claims previously paid for is less than 3; enter 3.

(c) ☐ Total additional fee for claims required.

\$0.00

(d) ☐ No additional fee for claims required.

FEE PAYMENT

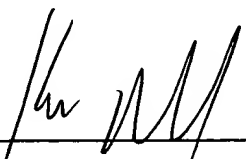
5. ☒ Attached is a check in the sum of \$870.00

☐ Charge Account No. _____ the sum of \$0.00

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-1550

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